

APPLICATION FOR RUNAWAY HOMELESS YOUTH PROGRAM (RHYP) REGISTRATION

To: Georgia Department of Human Services
Office of Residential Child Care
Application Section
2 Peachtree Street, NW, Suite 28-234
Atlanta, GA 30303-3142

OFFICE USE ONLY
Date received _____

SECTION A: IDENTIFICATION

Name of Organization : _____				
Street	City	Zip Code	County	
Phone Number		Fax Number		
E-Mail Address				
Mailing address if different from street address	City	State	County	Zip Code
Name of Organization's Administrator and/or Designated Contact Person				
Emergency Contact Name	E-Mail Address		Phone Number	

SECTION B: TYPE OF OWNERSHIP

Proprietary NON-PROFIT (<i>Attach copy of IRS 501(c)(3) Determination Letter</i>)	
Name of Legal Governing Body	
Name of Officers and Governing Board (<i>Attach Notarized Acceptance letters</i>)	Title

SECTION C: OPERATIONAL REQUIREMENTS

Have you attached all of the required documentation outlined in the “Review Checklist” for Runaway and Homeless Youth Program? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D: CLIENTS

1. Do you currently have clients? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the age range of clients?</i> _____
2. If “No”, have you had any clients within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you provide services other than those provided as part of your RHYP? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list services provided.</i> _____ _____ _____

SECTION E: STATEMENT OF COMPLIANCE

I certify that the above information is true and correct to the best of my knowledge	
_____ Signature of Executive Director	_____ Date
_____ Signature of Board President	_____ Date

Name of Applicant

Name of Proposed Location

Mailing Address

Facility Address

City, State, Zipcode

City, State, Zipcode

Telephone number Fax number

County

Email address

Ages of Children